

Consent To Serve the Iowa Nurses Association

I agree to serve as _____ if elected or appointed.

With my signature below, I agree to serve on the aforementioned commission and carry out the responsibilities as described in the Bylaws of the Iowa Nurses' Association. I will endeavor to carry out this office to the best of my ability.

Signature

Date

Please complete the following ballot information.
Print or type

Name _____

Region Name/Number _____ Home City _____

Present position _____ City, State _____

National Office Held _____

State Offices Held _____

Region Offices Held _____

Education: _____

Note: Persons running for the INA Board are required to provide a typewritten statement of 100-150 words expressing their ideas regarding INA. This should include information regarding the association, its goals, and direction.

RETURN FORM TO:
Iowa Nurses' Association
2400 86th Street, Ste 32
Urbandale, IA 50322
515-225-0495
info@iowanurses.org